

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS  
NEW JERSEY STATE HEALTH BENEFITS PROGRAM  
STATE BIWEEKLY ACTIVE GROUP  
BIWEEKLY RATES EFFECTIVE 12/28/13 TO 12/26/2014

PLAN/COVERAGE DESCRIPTION	TOTAL
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #203	
<b><u>AETNA FREEDOM15 #180(1)</u></b>	
Single	\$291.87
Member & Spouse/Partner	\$583.74
Family	\$755.95
Parent & Child	\$464.08
<b><u>NJ DIRECT15 #150(1)</u></b>	
Single	\$288.98
Member & Spouse/Partner	\$577.96
Family	\$748.46
Parent & Child	\$459.48
<b><u>AETNA HMO #005(1)</u></b>	
Single	\$288.73
Member & Spouse/Partner	\$577.46
Family	\$747.81
Parent & Child	\$459.08
<b><u>HORIZON HMO #011(1)</u></b>	
Single	\$285.84
Member & Spouse/Partner	\$571.68
Family	\$740.32
Parent & Child	\$454.48
<b><u>PRESCRIPTION DRUG PROGRAM #203</u></b>	
Single	\$80.20
Member & Spouse/Partner	\$160.41
Family	\$207.73
Parent & Child	\$127.53
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG #205	
<b><u>AETNA FREEDOM1525 #063(2)</u></b>	
Single	\$283.70
Member & Spouse/Partner	\$567.40
Family	\$734.78
Parent & Child	\$451.08
<b><u>NJ DIRECT1525 #051(2)</u></b>	
Single	\$280.89
Member & Spouse/Partner	\$561.78
Family	\$727.51
Parent & Child	\$446.61
<b><u>AETNA HMO1525 #061(2)</u></b>	
Single	\$280.64
Member & Spouse/Partner	\$561.29
Family	\$726.88
Parent & Child	\$446.23
<b><u>HORIZON HMO1525 #053(2)</u></b>	
Single	\$277.84
Member & Spouse/Partner	\$555.68
Family	\$719.60
Parent & Child	\$441.76
<b><u>PRESCRIPTION DRUG PROGRAM #205</u></b>	
Single	\$72.75
Member & Spouse/Partner	\$145.50
Family	\$188.42
Parent & Child	\$115.67

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MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #206	
<b>AETNA FREEDOM2030 #064(3)</b>	
Single	\$266.77
Member & Spouse/Partner	\$533.54
Family	\$690.93
Parent & Child	\$424.16
<b>NJ DIRECT2030 #052(3)</b>	
Single	\$264.12
Member & Spouse/Partner	\$528.26
Family	\$684.09
Parent & Child	\$419.96
<b>AETNA HMO2030 #062(3)</b>	
Single	\$263.89
Member & Spouse/Partner	\$527.80
Family	\$683.49
Parent & Child	\$419.59
<b>HORIZON HMO2030 #054(3)</b>	
Single	\$261.26
Member & Spouse/Partner	\$522.52
Family	\$676.66
Parent & Child	\$415.40
<b>PRESCRIPTION DRUG PROGRAM #206</b>	
Single	\$74.03
Member & Spouse/Partner	\$148.06
Family	\$191.76
Parent & Child	\$117.72
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #207	
<b>AETNA FREEDOM2035 #066(4)</b>	
Single	\$229.42
Member & Spouse/Partner	\$458.84
Family	\$607.97
Parent & Child	\$378.55
<b>NJ DIRECT2035 #056(4)</b>	
Single	\$227.15
Member & Spouse/Partner	\$454.30
Family	\$601.95
Parent & Child	\$374.79
<b>AETNA HMO2035 #065(4)</b>	
Single	\$226.95
Member & Spouse/Partner	\$453.90
Family	\$601.42
Parent & Child	\$374.47
<b>HORIZON HMO2035 #055(4)</b>	
Single	\$224.68
Member & Spouse/Partner	\$449.36
Family	\$595.41
Parent & Child	\$370.72
<b>PRESCRIPTION DRUG PROGRAM #207</b>	
Single	\$66.63
Member & Spouse/Partner	\$133.27
Family	\$176.58
Parent & Child	\$109.94
HIGH DEDUCTIBLE HEALTH PLANS WITH BUILT IN PRESCRIPTION DRUG	
<b>AETNA VALUE HD4000 #092(5)</b>	
Single	\$205.93
Member & Spouse/Partner	\$411.87
Family	\$533.36
Parent & Child	\$327.43
<b>NJ DIRECT HD4000 #090(5)</b>	
Single	\$196.05
Member & Spouse/Partner	\$392.10
Family	\$507.76
Parent & Child	\$311.71
<b>AETNA VALUE HD1500 #093(6)(7)</b>	
Single	\$305.42
Member & Spouse/Partner	\$610.85
Family	\$791.04
Parent & Child	\$485.62
<b>NJ DIRECT HD1500 #091(6)(7)</b>	
Single	\$290.76
Member & Spouse/Partner	\$581.53
Family	\$753.08
Parent & Child	\$462.31

1) Subscribers in # 150, #180, #005, and #011 are subject to \$15 Primary Care and \$15 Specialist office visit co pay and are eligible for Prescription Drug Plan #203

2) Subscribers in #051, #061, #53, and #063 are subject to \$15 Primary Care and \$25 Specialist office visit co pay and are eligible for Prescription Drug Plan #205

3) Subscribers in # 052, #062, #54, and #064 are subject to \$20 Primary Care and \$30 adult/\$20 child Specialist office visit co pay and are eligible for Prescription Drug Plan #206

4) Subscribers in #066,#056, #055, and #065 are subject to \$20 Primary Care and \$35 specialist office visit copayment

5) Subscribers in High Deductible Plans #90 and #92, are subject to \$4,000 In-Network deductible

6) Subscribers in High Deductible Plans #91 and #93, are subject to \$1,500 In-Network deductible

7) For Subscribers in High Deductible Plans #093 and #091, employer will contribute \$300 annually to Health Savings Account